

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Alcohol and/or Drug</i> <i>Dependency</i>	Specific Disabilities
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CHAPTER 4 – SPECIFIC DISABILITIES

400 ALCOHOL AND/OR DRUG DEPENDENCY

400.1 State Rules

[5 CSR 90-4.200\(A\)](#) Eligibility

400.2 Alcohol and/or Drug Dependence - Defined

- Individuals with conditions diagnosed or related to alcohol and/or drug dependence, must be participating in or have successfully completed an inpatient/outpatient drug and/or alcohol treatment program, prior to receiving VR services connected with an IPE. The treatment program must be certified by the Missouri Department of Mental Health, [Division of Alcohol and Drug Abuse](#) or the [Joint Commission on Accreditation of Hospitals \(JCAH\)](#).

400.3 Eligibility

- The following information should be considered when determining eligibility with regard to alcohol and/or drug dependence:
 - The individual has been diagnosed, in accordance with the most current revision of the Diagnostic and Statistical Manual (DSM) by qualified personnel in accordance with state law or regulation.
- An individual who has been alcohol and/or drug free with satisfactory adjustment, would generally not be considered as having a substantial impediment to employment, and therefore would not be eligible for services on the basis of alcohol and/or drug dependency.
- If the counselor determines that a substantial impediment to employment does exist, document how and why the individual has not been able to make a satisfactory adjustment or obtain/retain employment **due to** the alcohol and/or drug dependency.

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400.4 Vocational Planning

- The counselor may open a case and determine eligibility prior to an individual's active participation in or successful completion of a drug/alcohol treatment program and/or 90 days of sobriety. During this time period a vocational assessment/evaluation may be authorized to assist in determining appropriate vocational goal/services.
- Vocational rehabilitation services connected to an IPE should be initiated when the client has demonstrated his/her ability to abstain from drugs or alcohol for 90 days. Considering the individual needs of the client, the counselor should remain flexible regarding 90 days sobriety prior to the initiation of vocational rehabilitation services.
- The individual should participate in a supportive aftercare program, such as AA/NA, and provide the counselor with written documentation on a monthly basis verifying participation.

400.5 Best Case Practice/Procedure

- When purchasing diagnostic assessments, alcohol and/or drug dependence should be diagnosed by a physician skilled in the diagnosis and treatment of mental disorders, by a state licensed psychologist or licensed clinical social worker. However, a diagnosis from a qualified examiner or agency (i.e., DMH-DADA) may be utilized when obtaining copies of existing medicals.
- If alcohol and/or drug dependence is indicated in the client's medical records or during the initial intake interview, the counselor should review and discuss this issue thoroughly with the client to determine whether it should be considered as a major or minor disability.
- If the counselor determines alcohol and/or drug dependency to be a minor disability, the same guidelines should be followed as if it were identified as a major disability.

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400.5 Best Case Practice/Procedure (continued)

- If the counselor determines the client has failed to abstain from drugs or alcohol after eligibility has been determined, the following is recommended:
 - The client completes an assessment from a certified alcohol and drug treatment program for assistance in determining if services should be interrupted or allowed to continue.
 - If services are interrupted, the case may be placed into status 24. Services may be provided or resumed only if the client has again demonstrated the ability to abstain from drugs/alcohol for 90 days or a period of time the counselor considers reasonable.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Allergies/Asthma</i>	Specific Disabilities
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405 ALLERGIES / ASTHMA

405.1 Eligibility

- The following information should be considered when determining eligibility with regard to allergies or asthma:
 - The individual has been diagnosed with allergies/asthma by a licensed physician, preferably by an internist or allergist, and
 - The individual has sought medical attention during the past 12 months resulting in the loss of significant time from work or school, and
 - The individual is currently under prescribed medical treatment which has not alleviated the condition, and symptoms have persisted over the past 12 months.
- In determining functional limitations and impediment to employment, consider and document the following:
 - Allergy/asthma history including type, frequency and date of last episodic attack. Medicine prescribed and degree of control if compliant.
 - Adverse reactions, if any, to prescribed medication.
 - External factors (fatigue, use of other drugs, stress, etc.) related to allergy/asthma attacks.
 - Justification supporting the allergies/asthma has resulted in limitations which are permanent, on-going, and significantly limiting the individual's employment.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Attention Deficit</i> <i>Hyperactivity Disorder</i> <i>(ADHD)</i>	Specific Disabilities
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410 ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

410.1 Attention Deficit Hyperactivity Disorder (ADHD) - Defined

- Attention Deficit Hyperactivity Disorder (ADHD) is the clinical diagnosis used in the Diagnostic and Statistical Manual of Mental Disorders (DSM) to describe conditions which are also often referred to as Attention Deficit Disorder (ADD).
- ADHD is broken down into three different subtypes:
 - Combined Type
 - Predominantly Inattentive Type
 - Predominantly Hyperactive-Impulsive Type
- ADHD is a diagnosis applied to children and adults who consistently display certain characteristic behaviors (a pattern of behavior) over a period of time.
- ADHD is a performance disorder/deficit. The most common core features include a pattern of behavior in one or more of the following areas:
 - Distractibility (poor sustained attention to tasks)
 - Impulsivity (impaired impulse control and delay of gratification)
 - Hyperactivity (excessive activity and physical restlessness)
- The behaviors must significantly impair the individual's ability to perform a major life function in at least two areas of a person's life such as school, home, work, or social settings.
- The above criteria set ADHD apart from the "normal" distractibility and impulsive behavior of childhood, or the effects of a hectic/overstressed lifestyle.

410.2 Eligibility

- The following information should be obtained when determining eligibility and establishing functional limitations with regard to Attention Deficit Hyperactivity Disorders (ADHD):
 - The individual has been diagnosed by qualified personnel licensed or certified in accordance with state law or regulation (this includes information from qualified school personnel).
 - Intelligence scores as measured by the most current revisions of the WAIS, WISC, or Stanford-Binet, if possible. Information needs to include standard scores/subtest scores, not just IQ scores or broad scores.

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410.2 Eligibility (continued)

- Achievement scores measured by tests such as the Woodcock Johnson Achievement Test Revised.
- Tests specifically designed to measure ADD/ADHD such as the Brown ADD Scales and Connors Continuous Performance Test (CCPT).
- School records including the most current testing information available and the Individualized Education Plan (IEP) or 504 Plan.
- An assessment of personality functioning measured by personality tests such as the MMPI, MMPI-II, Rorschach or the TAT.
- In rare situations when diagnostic testing is necessary to confirm the diagnosis of ADD/ADHD, the counselor should consider authorizing a comprehensive psychological or a neuropsychological (if there is organic involvement) from a licensed qualified physician or psychologist.
- Consider asking the following questions during the initial intake interview to assist in determining functional limitations with regard to ADD/ADHD:
 - Do you have problems with attention and/or concentration?
 - Have others told you that they often have to repeat instructions for you to remember things? Auditory, visual or both?
 - Do you feel that you tend to be easily distracted? How? Under what conditions?
 - Are you prone to making impulsive decisions?
 - How are your organizational or time management skills?
 - Do you have problems focusing on the task at hand?
 - Do you have problems finishing a task once you've started?
 - Have you ever been described as hyperactive?
 - Does ADD/ADHD run in your family?
 - Are you currently or have you ever been prescribed medication for any of these problems?
 - How long have you had these problems?
 - Do you suspect or have you been told that you have a learning disability?
 - Do you have any other emotional or affective concerns such as depression, anxiety, etc., which is also a problem for you?
 - Are you currently (or have you ever) used "street" drugs? Explain.
 - In your opinion, do any of the above questions impact negatively on your daily life activities?
- If ADD/ADHD is indicated or recorded in the medical records and is considered as a minor disability, it should be processed the same as a major disability.

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410.3 Consultation

- Discuss ADD/ADHD cases with the district office ADHD specialist, the district supervisor, and/or the state ADHD psychological consultant. These individuals may assist in determining whether or not the ADD/ADHD results in a significant disability with functional limitations.
- Prior to determining an individual is not eligible on the basis of ADHD, contact the state ADHD psychological consultant.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Back Impairment or Back Disorders</i>	Specific Disabilities
			Section 415

415 BACK IMPAIRMENT OR BACK DISORDERS

415.1 Eligibility

- The following information should be considered when determining eligibility with regard to back impairments/disorders:
 - The individual has been diagnosed with a back impairment/disorder by a licensed physician, preferably an orthopedist, physiatrist or neurologist, **and**
 - The individual is currently under prescribed medical treatment which has not alleviated the condition, and/or symptoms have persisted over the past 12 months.
- The following objective evidence available through a review of the individual's medical records should also be considered:
 - X-Ray Studies
 - Muscle spasm
 - Decreased range of motion
- Low back strains are generally considered a temporary disorder, not resulting in limitations which are permanent, ongoing, and significantly impairing the individual's functional capacities in the area of employment.
- In determining functional limitations and impediment to employment, consider and document the following:
 - A history, consisting of the date of onset, treatment, surgery, manner of injury, and factors that accentuate and relieve pain.
 - Justification supporting that the back impairment/disorder has resulted in limitations which are permanent, on-going, and significantly limiting the individual's employment.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Diabetes</i>	Specific Disabilities
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420 DIABETES

420.1 Diabetes - Defined

- TYPE I - INSULIN DEPENDENT DIABETES - Most often diagnosed in children and young adults and requires daily injections of insulin, following strict dietary plans, and carefully balancing of their physical activity and stress levels in order to stay alive.
- TYPE II - NON-INSULIN DEPENDENT DIABETES - Most often diagnosed in adults over the age of 30 and can generally be controlled by diet, exercise and oral medication although these individuals may also need insulin to control their blood glucose levels.

420.2 Eligibility

- The following information should be considered and documented when determining eligibility with regard to diabetes:
 - The individual should be diagnosed by a licensed physician (preferably by an internist or endocrinologist), as having diabetes and
 - The diabetes has significantly affected one or more of the following body systems:
 - Eyes
 - Nervous system
 - Kidneys
 - Circulatory system
- In determining functional limitations and impediment to employment, consider and document the following:
 - A history, consisting of the date of onset, treatment, and other factors directly related to the care and management of the diabetes.
 - Justification supporting that the diabetes has resulted in limitations which are permanent, on-going, and significantly limiting the individual's employment.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Deaf/Hard of</i> <i>Hearing</i>	Specific Disabilities
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425 DEAF/HARD OF HEARING

425.1 State Rules

[5 CSR 90-4.200\(C\)](#) - Eligibility

425.2 Eligibility

- Eligibility for individuals with hearing loss must be diagnosed by a Missouri certified audiologist or a Missouri physician skilled in diseases of the ear. Eligibility for individuals with a hearing loss is based upon standards developed by the American Speech and Hearing Association (ASHA).
- The following standards may be considered when determining eligibility:
 - Pure tone average, speech receptions, and speech discrimination factors in determining the existence of functional limitations;
 - Pure tone average is determined by computing the decibel loss at 500 Hz, 1000 Hz, and 2000 Hz;
 - An individual with a 41 decibel loss in the better ear would be considered as having a disability with functional limitations;
 - An individual with a 34-40 decibel loss in the better ear may be considered as having a disability with functional limitations if the loss in the other ear is 90 decibels or more; or
 - Other factors, including speech reception, speech discrimination, and decibel loss at frequencies above 2000 Hz may cause functional limitations.
- When determining SD classification and priority category placement, consider and document in the case folder that the hearing impairment has resulted in limitations which are permanent, on-going, and significantly limiting the individual's employment.
- [Handbook of Disabilities](#)

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			Section 425

425.3 Purchasing Diagnostic Information

- When purchasing diagnostic information for deaf/hard of hearing (hh) clients, case circumstances will determine if a certified audiologist or a licensed physician skilled in diseases of the ear, preferably an otologist or an otolaryngologist, should examine the individual.
- If a client is receiving services outside of the State of Missouri, hearing aids/services may only be provided from a licensed dealer, certified audiologist or physician skilled in the diseases of the ear, in the state where they are receiving services. All licenses and certifications must be valid, unencumbered, unrestricted and undisciplined.
- [Refer to CSG 1190](#) – Hearing Aids for guidance when purchasing hearing aids.

425.4 Counselors for the Deaf/Hard of Hearing (HH)

- Counselors for the Deaf/Hard of Hearing (HH) act as consultants to the general caseload counselor with regard to recommendations for digital or programmable hearing aids; and assist in evaluating the need for assistive technology and utilization of the Telecommunications Access Program (TAP).
- Individuals with a hearing loss above 55 db should be transferred to the Counselor for the Deaf/HH unless consultation with the Counselor for the Deaf/HH indicates otherwise. This consultation should take place upon receipt of client's medical/audiological records.
- Services involving physical restoration such as Cochlear Implant or Bone Anchored Hearing Aids (BAHA) should be transferred to the Counselors for the Deaf/HH.
- Contact the Supervisor of Deaf Services in Central Office for additional expertise and consultation.

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430 HIV INFECTION AND/OR AIDS

430.1 Eligibility

- The following information should be considered when determining eligibility with regard to HIV/AIDS:
 - The individual has been diagnosed with HIV infection/AIDS, by a licensed physician, and
 - The HIV infection/AIDS should be significant enough for the individual to have developed complications such as fatigue, stamina, diarrhea, weight loss, sustained fever, headaches, respiratory problems, shingles, inability to track conversation, confusion, impaired short-term memory, and mental health problems, and
 - The frequency, duration, or severity of complications, need to be assessed in relation to specific work limitations.
- In determining functional limitations and impediment to employment, consider and document the following:
 - A history, consisting of the date of diagnosis, treatment, and other factors directly related to the care and management of HIV/AIDS.
 - Justification supporting that the HIV/AIDS has resulted in limitations which are permanent, on-going, and significantly limiting the individual's employment.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Mental Illness</i>	Specific Disabilities
			Section 435

435 MENTAL ILLNESS

435.1 Eligibility

- The following information should be considered when determining eligibility with regard to mental illness:
 - The individual has been diagnosed by qualified personnel licensed or certified in accordance with state law or regulation.
 - The diagnosis should be in accordance with the most current revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- When purchasing diagnostic assessments, mental illness should be diagnosed by a physician skilled in the diagnosis and treatment of mental disorders, by a state licensed psychologist or licensed clinical social worker.
- A diagnosis from a qualified examiner or agency (i.e., DMH) may be utilized when obtaining copies of existing medicals.
- If mental illness is indicated in the client's medical records or during the initial intake interview, review and discuss this issue thoroughly with the client to determine whether it should be considered as a major or minor disability.
- If the counselor determines mental illness to be a minor disability, the same guidelines should be followed as if it were identified as a major disability.
- In determining functional limitations and impediment to employment, consider and document the following:
 - A history, consisting of the date of onset, treatment, and other factors directly related to the care and management of the mental illness.
 - Justification supporting that the mental illness has resulted in limitations which are permanent, on-going, and significantly limiting the individual's employment.

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435.2 Vocational Planning

- If mental health treatment such as medication, counseling, and/or psychotherapy is recommended by a health care professional, the VR counselor should ensure the client is actively participating in/receiving mental health treatment.
- If therapy and/or medication is recommended, and the client is not currently receiving any type of treatment, the client should be referred to the Missouri Department of Mental Health or other appropriate community mental health providers.
- The counselor may open a case and determine eligibility prior to an individual actively participating in/receiving mental health treatment. During this time period a vocational assessment/evaluation may be authorized to assist in determining appropriate vocational goal/services.
- Temporary/episodic setbacks or regression should be evaluated on an individualized basis, in terms of continuing the rehabilitation plan.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Mental Retardation/</i> <i>Borderline</i> <i>Intellectual Functioning</i>	Specific Disabilities
			Section 440

440 MENTAL RETARDATION / BORDERLINE INTELLECTUAL FUNCTIONING

440.1 Eligibility

- In accordance with the most current revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the diagnosis of **Mental Retardation (MR)** may be given to an individual with a full scale IQ score of 70 or below. An individual whose full scale IQ falls in this range is considered to be an “*individual with a significant disability*”.
- In accordance with the most current revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the diagnosis of **Borderline Intellectual Functioning (BIF)** may be given to an individual with a full scale IQ in the 71-84 range. An individual whose full scale IQ falls in this range may be considered as having a disabling condition only when there is documentation of **maladaptive behavior** in one or more of the following activities:
 - Applying basic academic skills to daily life activities
 - Applying appropriate reasoning/judgment in daily activities
 - Mastering basic social skills to allow successful participation in group activities
 - Mastering basic social skills to allow successful participation in interpersonal relationships
 - Meeting and conforming to standards set by the community.
- When considering eligibility on the basis of BIF, the maladaptive behavior must be attributed to the individual's borderline intellectual functioning, and not to any other factors such as age, socioeconomic status, or language barriers.
- Counselors may use the **Characteristics of Maladaptive Behavior Checklist** available in MoRIS to document the individual's maladaptive behavior. This checklist is not required, as long as the maladaptive behavior is documented in other medical records.
- The following information should be considered when determining eligibility with regard to mental retardation or borderline intellectual functioning with maladaptive behavior:

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440.1 Eligibility (continued)

- The individual has been diagnosed by qualified personnel licensed or certified in accordance with state law or regulation (this includes information from qualified school personnel).
- The IQ score was derived from the most current revision of the Wechsler Adult Intelligence Scale (WAIS), the Wechsler Intelligence Scale for Children (WISC), or the Stanford Binet Intelligence test.
- IQ scores from other tests should be reviewed with the district supervisor to determine if they can be utilized by VR as an accurate measure of intelligence.
- Individual subtest scores are not required for eligibility to be determined on the basis of MR or BIF.
- In determining functional limitations and impediment to employment, consider and document the following:
 - Justification supporting that the MR or BIF has resulted in vocational limitations which are permanent, on-going, and significantly limiting the individual's employment.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Morbid Obesity</i>	Specific Disabilities
			Section 445

445 MORBID OBESITY

445.1 Eligibility

- The following information should be considered when determining eligibility with regard to morbid obesity:
 - Diagnosis of morbid obesity by a licensed dietician or physician
 - Condition has caused or contributed to other complications such as pain and/or arthritis, respiratory ailments, significant skin disorders, hypertension, circulation disorder, cardiovascular impairments, orthopedic impairments, sleep apnea, peripheral neuropathy, etc.
 - The limitations must be permanent, on-going, and significantly limiting the individual's employment.
- If morbid obesity is indicated or recorded in the medical records and is considered as a minor disability, it should be processed the same as a major disability.

445.2 Vocational Planning

- It is recommended that the individual should participate in a medically approved or recognized program for weight reduction, and progress should be documented.
- Vocational rehabilitation can not assist with the cost of weight loss/weight management programs or special dietary supplements.
- [Handbook of Disabilities](#)

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			Section 450

450 SEIZURE DISORDER / EPILEPSY

450.1 Eligibility

- The following information should be considered when determining eligibility with regard to a seizure disorder and/or epilepsy:
 - The individual has been diagnosed by a licensed physician, preferably a neurologist as having epilepsy and/or a seizure disorder.
 - Seizure history, including type, frequency and date of last seizure.
 - Medication prescribed and degree of control if compliant. Adverse reactions, if any, to prescribed medication.
 - External factors (fatigue, use of other drugs, stress, etc.) as related to seizure onset.
 - Cognitive functioning (memory).
- When considering impediment to employment and functional capacities, the counselor should also take into consideration and document the following:
 - Are the individual's seizures well controlled with medication?
 - Has the individual had a seizure within the past twelve months?
 - Are there environments that should be avoided or would place the individual at risk?
 - Is the individual unable to obtain a driver's license as a result of the epilepsy or seizure disorder?
 - If currently employed, what limitations to employment are occurring as a result of the epilepsy or seizure disorder?
 - Is there documentation to support that the epilepsy/seizure disorder has resulted in limitations which are permanent, on-going, and significantly limiting the individual's employment?
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Specific Learning Disabilities (SLD)</i>	Specific Disabilities
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455 SPECIFIC LEARNING DISABILITIES (SLD)

455.1 Specific Learning Disability - Defined

- In accordance with the most current revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the diagnosis of **Specific Learning Disabilities (SLD)**:
 - may be given to an individual with deficits in one or more of the central nervous system processes involved in perceiving, understanding and/or using concepts through verbal (spoken or written) language or nonverbal means.
 - may include, but are not limited to, additional deficits in the following areas: attention, reasoning, processing, memory, communication, reading, writing, spelling, calculation, coordination, social competence and emotional maturity.
- Behaviors resulting from, or associated with, the above SLD deficits may also create significant functional limitations for an individual.

455.2 Eligibility

- When determining eligibility on the basis of SLD, the following information should be supported by medical records/diagnostic information that includes intelligence and achievement scores, as well as an assessment of personality functioning:
 - The individual has been diagnosed by qualified personnel licensed or certified in accordance with state law or regulation (this includes information from qualified school personnel).
 - Intelligence (IQ) Scores: A Full Scale IQ score along with standard/subtest scores, from the Wechsler Adult Intelligence Scale (WAIS), the Wechsler Intelligence Scale for Children (WISC), or the Stanford Binet Intelligence Test. **Individual subtest scores are required for eligibility to be determined on the basis of SLD.**
 - Achievement scores: Achievement scores measured by tests such as the Woodcock Johnson Achievement Test Revised. Other test scores should be reviewed with the district supervisor to determine the next appropriate action.

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455.2 Eligibility (continued)

- Personality: An assessment of personality functioning. Recognized personality tests include the MMPI, MMPI-II, Rorschach or the TAT.
 - IQ and achievement scores from other tests should be reviewed with the district supervisor to determine if they can be utilized by VR as an accurate measure of intelligence and/or achievement.
- In addition to a diagnosis of SLD, the counselor must be able to document how the learning disability creates a significant impediment to employment, **and** specifically how it affects/will affect the individual's vocational goals and/or functioning in the workplace.
- A review of the individual's medical, psychological, or academic records is crucial in order to identify a pattern of cognitive/intellectual ability, academic achievement, classroom performance and/or workplace performance over time.
- Counselors should make every attempt to obtain existing information (to document the SLD) from a variety of sources which include, but are not limited to:
 - High school records to include the most current:
 - Diagnostic summary
 - Individualized Education Program (IEP)
 - High school transcript or grades
 - MAP scores
 - Samples of the student's work (i.e. writing or math assignments)
 - Any previous psychological or neuropsychological testing/reports that may include diagnosis and/or recommendations for accommodations.
- If the counselor is unable to access existing school/psychological records, a comprehensive psychological or a neuropsychological (if there is organic involvement) examination may be purchased from qualified personnel licensed or certified in accordance with state law or regulation.
- The counselor may request the appropriate school representative, and/or other appropriate individuals (i.e., parent or family member) complete "***The Koller Adolescent and Adult Behavior Scale-Revised (KAABS-R)***", to assist them in identifying vocational implications and compensatory strategies.

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455.2 Eligibility (continued)

- The following questions may be considered during the **initial intake interview** to assist in determining perceptual and cognitive deficits which may seriously limit the individual's functional capacities, in terms of an employment outcome:
 - Do you think you have LD or has anyone ever told you that you do?
 - Do you have problems with memory? Auditory? Visual/spatial?
 - Do you have problems remembering multi-step instructions?
 - Do you remember things best when you see them, hear them, or do them?
 - Do you have problems communicating with others?
 - Do other people have trouble communicating with you?
 - Do you have problems using your hands or fingers on tasks requiring speed?
 - Are you prone to getting lost or turned around?
 - Do you have problems with reading, math or writing tasks? Explain.
 - Does anyone in your family have SLD?
 - Does your SLD significantly affect your job or any daily life activities?
 - Do you have any emotional or affective problems that are bothering you such as depression, anxiety, etc.?
 - What abilities do you have that you consider strengths?
 - Can you describe how your deficits or weaknesses affect you?
 - What techniques, strategies or accommodations have you found effective?
- If SLD is indicated or recorded in the medical records and is considered as a minor disability, it should be processed the same as a major disability.

455.3 Consultation

- If problems or questions develop during the case, the counselor may consult with the district office LD specialist, the district supervisor, and/or the state LD psychological consultant.
- It is recommended that the counselor seek guidance from the state LD psychological consultant prior to making a determination that the individual is not eligible regarding this disability.
- [Handbook of Disabilities](#)

CSG Client Services Guide	Date Issued 10/1/07	Subject <i>Traumatic Brain Injury (TBI)</i>	Specific Disabilities
			Section 460

460 TRAUMATIC BRAIN INJURY (TBI)

460.1 Eligibility

- The following information should be considered/obtained in determining eligibility and establishing functional limitations with regard to a Traumatic Brain Injury (TBI):
 - The individual has been diagnosed by qualified personnel licensed or certified in accordance with state law or regulation.
 - In rare instances, if the counselor needs to purchase a diagnostic examination, TBI should be diagnosed by a physician skilled in the diagnosis and treatment of cognitive disorders, a licensed neuro-psychologist or, if unavailable, a licensed psychologist.
 - The individual should be medically stable and no longer in need of acute medical care. However, they may still be actively involved in physical or occupational therapy, speech/language therapy, cognitive remediation, or psychotherapy.
 - Deficits in the areas of memory, attention/concentration, and personality are common with TBI. Other deficits that will be factors in determining the existence of functional limitations, include but are not limited to:
 - Physical Impairments: hemiparesis, quadriparesis, apraxia (difficulty balancing), ataxia (poor coordination), spasticity, seizures, tremors, headaches, dizziness, blurred/double vision, ringing in the ear, pain, diminished taste and smell, noise sensitivity, light sensitivity, heightened sensitivity to touch, or sleep disturbances.
 - Communication Impairments: difficulty maintaining topic, poor listening, vague/unclear language, word retrieval problems, or difficulty following conversations for extended periods of time.
 - Regulatory Impairments: easily fatigued, difficulty regulating body temperature-sweating, sleep, food/liquid consumption, susceptibility to overload and stress or too much stimulation.
 - Cognitive Impairments: short-term memory difficulties, impaired concentration and attention, slowed reaction time, slowed thinking, poor judgment, difficulty learning new information, organization difficulties, indecisiveness, problems starting or completing activities, mental fatigue, performing math calculations, sequencing, reading, or writing, getting lost in familiar places and/or confused with directions, or difficulties with abstract reasoning.

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460.1 Eligibility (continued)

- Behavioral-Emotional Impairments: irritability, anxiety, depression, social isolation, avoidance of crowds, low frustration tolerance, loss of emotional control (temper), fluctuation in mood and behavior, restlessness, denial, apathy, emotional lability (overreacts, cries easily), impulsivity, lack of motivation, initiation and follow-through, social immaturity, or excessive talking.
- If problems or questions develop during the case, consult with the district supervisor or local vocational rehabilitation TBI Specialist.

460.2 Vocational Planning

- In working with individuals who have suffered a traumatic brain injury, the counselor may need to apply the following guidelines (depending upon the level of severity of the TBI) throughout the vocational planning process:
 - Evaluation/training/work environments that are flexible regarding rest/frequent breaks whenever frustration or fatigue appears.
 - Keep evaluation/training/work activities and surroundings relatively simple. Do not plan too much, too soon, too fast.
 - Accept setbacks, and continue to offer encouragement.
 - Put things in writing, especially if it involves more than one or two steps in sequence or multiple activities.
 - Give honest feedback, praise, and constructive criticism, if appropriate.
 - Communication should be concise and to the point.
 - Surroundings (evaluation/training/work) should have set schedules, routines.
 - Evaluation activities, training and/or work assignments should be explained fully (may include writing things down, drawing charts, using calendars, etc.) to remind the individual what is expected, and to ensure there are no surprises.
 - Minimize opportunities for confrontation or logical argument.
 - Provide specific choices from which to choose rather than requesting an open-ended, ambiguous decision.
 - Encourage the individual to use wall charts, reminder notes, labels, calendars, notebooks, journals, and other memory aids abundantly.
- [Handbook of Disabilities](#)

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465 VISION LOSS / BLINDNESS

465.1 State Rules

[5 CSR 90-4.200\(B\)](#) - Eligibility

465.2 Eligibility for Rehabilitation Services for the Blind ([RSB](#))

- All referrals, applicants and eligible individuals with a visual disability will be referred to Rehabilitation Services for the Blind (RSB) when the individual meets the following RSB visual disability requirements:
 - Visual disability means that an individual with a non-progressive eye disease or defect of the visual system that results in a central visual acuity of 20/200 or less in the better eye with best correction; or, if the central visual acuity with best correction is more than 20/200 in the better eye, there is a visual field defect in which the widest diameter of the visual field subtends an angle distance no greater than twenty degrees (20A); or has a visual efficiency that does not exceed 20%.
 - Visual disability means that an individual with a progressive eye disease or defect of the visual system that results in a central visual acuity of 20/70 or worse in the better eye with best correction, or has a visual efficiency that does not exceed 64%, or has near vision that is decreased to the extent that the individual cannot read print that is smaller than Jaeger nine (J9) with best correction.
- Referrals between RSB and the Missouri Division of Vocational Rehabilitation (MDVR) should be made directly between district offices, and staff should consult if there is a question regarding which agency should provide vocational rehabilitation services. However, if the individual meets RSB visual disability requirements, they **must** be served by RSB.
- If the counselor already has an open VR case on an individual that meets RSB guidelines for services, the counselor will need to refer that individual to the appropriate RSB district office, clear up any outstanding authorizations/unpaid bills, and close the MDVR case. In this instance, the following information should accompany the referral to RSB:

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465.2 Eligibility for Rehabilitation Services for the Blind (RSB) (continued)

- A referral cover letter
- A copy of all medical information
- A summary of all appropriate social and economic information
- A copy of the VR Client and Health Questionnaires
- A copy of all pertinent information in the MoRIS

465.3 Eligibility for Missouri Division of Vocational Rehabilitation (MDVR)

- The following information should be considered when determining VR eligibility on the basis of a visual impairment:
 - Documentation that the visual impairment was diagnosed by an optometrist or a physician skilled in diseases of the eye.
 - Documentation the visual impairment meets one of the following four criteria (Visual Chart Guidelines):

#1: Central Visual Acuity - A central visual acuity of no more than 20/60 in the better eye with best correction; or

#2: Combined Bilateral Vision - A combined loss of acuity of the two eyes after best correction of at least 30 percent; or

#3: Progressive Condition - A substantial impediment to employment may exist when a progressive condition involves:
 - a central visual acuity between 20/45 and up to 20/60 in the better eye with best correction; or
 - a combined bilateral vision loss between 20 and 30 percent.

#4: Loss of Binocular Function - If the vision in the worse eye is 20/200 or less with best correction, and the other eye is normal (20/20), the loss of binocular vision may create an impediment to employment.
 - Documentation to support that the visual impairment has resulted in limitations which are permanent, on-going, and significantly limiting the individual's employment should be in the case file.
- [Handbook of Disabilities](#)

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465.4 Visual Chart Guidelines

- Above the upper dark line does not meet Eligibility Criteria #1.
- Within the dark shaded area meets Eligibility Criteria #1 if the medical consultant gives approval and a significant vocational limitation is documented.
- Below the lower dark line meets Eligibility Criteria #1.
- Within the light shaded area meets Eligibility Criteria #1 if the condition is progressive, the medical consultant gives approval and a significant vocational limitation is documented.

SNELLEN NOTATION PERCENT LOSS	BETTER EYE (with best correction) = Horizontal Axis (row) WORSE EYE (with best correction) = Vertical Axis (column)							
	20/20 00.0	20/25 4.3	20/30 8.5	20/35 12/5	20/40 16.4	20/45 20.0	20/50 23.5	20/60 30.0
20/25 4.3	1.1	4.3	--	--	--	--	--	--
20/30 8.5	2.1	5.4	8.5	--	--	--	--	--
20/35 12/5	3.1	6.4	9.5	12.5	--	--	--	--
20/40 16.4	4.1	7.3	10.5	13.5	16.4	--	--	--
20/45 20.0	5.0	8.2	11.4	14.4	17.3	20.0	20.9	22.5
20/50 23.5	5.9	9.1	12.3	15.3	18.2	20.9	23.5	25.1
20/60 30.0	7.5	10.7	13.9	16.9	19.8	22.5	25.1	30.0
20/70 36.0	9.0	12.2	15.4	18.4	21.3	24.0	26.6	31.5
20/80 41.5	10.4	13.6	16.8	19.8	22.7	25.4	28.0	32.9
20/90 46.6	11.7	14.9	18.0	21.0	24.0	26.7	29.3	34.2
20/100 51.1	12.8	16.0	19.2	22.2	25.1	27.8	30.4	35.2
20/110 55.0	13.8	17.0	20.1	23.1	26.1	28.8	31.4	36.2
20/120 59.1	14.8	18.0	21.2	24.2	27.1	29.8	32.4	37.3
20/140 65.8	16.5	19.7	22.8	25.8	28.8	31.5	34.1	39.0
20/160 71.4	17.9	21.1	24.2	27.2	30.2	32.9	35.5	40.4
20/200 80.0	20.0	23.2	26.4	29.4	32.3	35.0	37.6	42.5
20/240 87.0	21.8	25.0	28.1	31.1	34.1	36.8	39.4	44.3
20/320 92.8	23.2	26.4	29.6	32.6	35.5	38.2	40.8	45.7
20/480 98.0	24.5	27.7	30.9	33.9	36.8	39.5	42.1	47.0